

INSPECTION- REPAIR AFFIDAVIT- LIGHTNING LOSS

Date: _____

Policy No: _____

Claim # _____

To Whom It May Concern:

I inspected/repaired (item damaged) _____

Model No: _____

Serial No: _____

Year Model: _____

Size: _____

Item Owned by (Name of Insured) _____

Address: _____

Are damaged item(s) or part(s) available for inspection? _____

If yes, where? _____

If no, why not? _____

If lightning, please complete 1 through 7 below:

1. If TV, did lightning enter through antenna circuit? _____

2. If TV, did lightning enter through power circuit? _____

3. In your professional opinion, can the unit be repaired? _____

4. If unit can be repaired, what is the total bill, including parts and labor?

Please attach itemized estimate. _____

5. What was actual cash value of the item at the time of loss? _____

6. The comparable replacement of this unit would be: Make: _____

Model: _____

Size: _____

Price: _____

7. What is the salvage value of the damaged unit? _____

Name: _____

Firm Name: _____

Address: _____

Telephone No: _____